# **Questionnaire Sponsored By California Arts Council**

Your answers to this questionnaire will be an important part of a study of the economic impact of the arts in California. We appreciate your taking the time to complete the form. Your answers will be completely confidential and anonymous.



Classification	Information	About	Your
Organization			

Classification Information About Your Organization  Is your organization private tax exempt, rivate for profit, or part of government?  Private for profit  Private tax exempt 501(c)(3)  Private tax exempt 501(c)(4)  Private tax exempt - other  Government - education  Government - other  Combination (specify)
O Other (specify)
• Which category best describes the RINCIPAL business of your organization? lease check only one category.
<ul> <li>Broadcasting</li> <li>Production/Crafts Cooperative</li> <li>Dance</li> <li>Film/Video/Media</li> <li>Education</li> <li>Services</li> <li>Exhibiting (museums, galleries, etc)</li> <li>Publishing/Literary</li> <li>Performance Facility</li> <li>Arts Council or Local Arts Agency</li> <li>Presenter</li> <li>Music</li> <li>Theater</li> <li>Festival</li> <li>Visual Arts</li> <li>Folk and Traditional Arts</li> <li>Multidisciplinary (specify)</li> </ul>
Other (specify)

# **Events and Activities of Your Organization**

As precisely as possible please indicate below the number of arts related events and attendance at your organization's events for the most recently completed fiscal year. As a guide, the fiscal year needs to include months in 2002. Be sure to include both starting and ending month and year for your fiscal year. (The period must equal 12 months). Later on in this survey you will be asked to provide organizational revenue and expenditure data for the same time period.

**3.** The 12 month operating period for your organization is a

h/year) _ Calc _ Number h/Years	endar	(mon	th/year)
_ Cal	endar	Year	•
			ral Endance
Number of Events		5.Te	radance Endance
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attending the above events came from:

A. Within California

B. Outside California

### **Revenue of Your Organization**

**7.** For each income or revenue source, please indicate the amount received during the most recently completed fiscal year (should be same dates as in Question 3 above). Please include the amount received from operations or activities in California and the amount received from outside of California.

	otal Income	
4	n California	Out of State
Operations Income A. Income from admissions-box office gate, showings, memberships, subscriptions	e	\$
B. Concession sales sale of artwork (your share of sale)	s- \$	\$
C. Concession sales other merchandise, food/beverages	s- \$	\$
D. Rental Income	\$	\$
E. Tuition Income	\$	\$
F. Income from services and		
recordings	\$	\$
G. Royalties	\$	\$
H. Other income		
from operations (sp	ecify)	

Page 1

	In California	Out of State	Wages and Benefits Expenditures, and Emp	ployment		four ca	tegories: Pro	ked about em fessional Adi	ninistrative,	
Other meome	<b>,</b>		On the Table below pleas	ca lict tha nu	mher of			ic, Other Pro ions for each i	fessional, and	
I. All federal government grants	S	S	personnel you employed a						an employee	
J. All state	Ÿ	ÿ	completed fiscal year (ple						not specifically	
government grants	\$	\$	timeframe as question 3)			listed i	n the definit	tions below, 1	include him or	
K. All local			personnel hired on a cont					that seems li	ke the best	
government grants	\$	\$	provide an estimate of w	ages, salaries	, and	descrip	tion.			
L. Private grants-			artistic fees paid.			Duafaa	rional Admi	inistrative –	inaludas	
foundations, busines	sses,		Note 1: Do not include co					mstrative – rvisory staff.	mana	
individuals, friends or auxiliary groups	c	`0	lawyers and accountants un					t <b>ic</b> – includes	nerformers.	
or auxiliary groups	Ų	Ψ	part of your regular salar		-			rs, playwrigi		
M. Fundraisers	S	S	such services provided by are requested later in the	_	nizations		•	designers, lig		
N. Investment	,	·	are requesteu tater in the	sui vey.		_		designers, gu		
income/endowment	t		Note 2: Utilize the follow				Professional Other – includes curators,			
interest	\$	\$	time and part-time when				conservators, technical directors and producers,			
O. All other gifts, d	lonations, ei	ndowments	Full-time workers refers 35 or more hours per wee				librarians, teachers, and other educators, lecturers, researchers, and authors-in-residence.			
(specify)			for normal vacation).	n, year-rourid	i (anownig			es secretaries,		
			Part-time workers refers	to personnel	who:			ides, front-o		
	\$	S	1) work less than 35 hours					onnel, technic		
	2) work 35 or more hours a week, but less than		hands,	hands, stage managers, wardrobe, etc.						
<b>8.</b> Considering all i during your most re year, what is the gra	cently comp		year-round.  10. Please list the num year (please use the san contractual basis. Also li	ne timefram st the wages	e as questio paid to per	on 3) includi sonnel and e	ng all artist stimate wh	ic personnel at percent of	hired on a those wages	
			recome maid to California	magidanta E	allarritha di	afinitiana di	rom om the r		<b>1</b> 0	
Grants or Donation	ıs Made		were paid to California	residents. F						
by Your Organization	on		were paid to California		Numbe	r of Empl	oyees		<sup>ge.</sup> Vages Paid	
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#### **Expenditures on Goods**

**14.** Consider your spending on artistic properties and goods utilized by your organization including artwork, artifacts, scripts, scores, library materials, royalties, and copyrights. Please list how much was spent on such artistic properties and goods in the most recently completed fiscal year at the following types of organizations.

		For use in prod	uctions	
		or exhibi	ts	<b>Purchased for resale</b>
	\$ Amount Spent In California	\$ Amount Spent Out-Of-State	\$ Amount Spent In California	\$ Amount Spent Out-Of-State
<ul><li>A. Nonprofit art gallery, publisher, auction</li><li>B. For profit art gallery, publisher, auction or</li></ul>	\$	\$	\$	\$
private individuals	\$	\$	\$	\$

**15.** Please list your spending during the most recently completed fiscal year (same period as question 3 please) on the following categories of other goods. Spending can include fundraising expenses. If some of your spending does not fall into any of the categories provided below, identify the type of spending and its amount under 'other" at the bottom of this section.

		\$ Amount Spent Out-of-State			
A. Motor vehicles purchases (excluding leases)	\$	\$			
B. Other capital equipment and machinery (furniture, office					
machinery, computers, photographic, lighting, wirin	ıg,				
sound, and electronic or industrial equipment)	\$	\$			
C. Paper and other office supplies	\$	\$			
D. Lumber, hardware, and construction materials	\$	\$			
E. Textiles and apparel	\$	\$			
F. Merchandise for sale (including food, drink, catering	g) \$	\$			
G. Other (please specify)	\$	\$			
H. Total purchase of goods	\$	\$			

## **Operating Expenditures**

**16.** Please give us a breakdown of your non-personnel operating expenditures for your most recently completed fiscal year using the following table. Spending can include fundraising expenses. If some of your spending does not fall into any of the categories provided below, please identify the type of spending and its amount under "other" at the bottom of this section.

A. Rental of facilities (including performance	\$ Amount Spent In California	\$ Amount Spent Out-of-State
or exhibit spaces)	\$	\$
B. Mortgage payments	\$	\$
C. Utilities (telephone, gas, oil, electricity,		•
water, and sanitary services)	\$	\$
D. Insurance	\$	\$
E. Interest payments on loans other		
than mortgages	\$	\$
F. Shipping, warehousing, courier,		
mailing & postage	\$	\$
G. Membership dues	\$	\$
H. Other (please specify)	\$	\$
I. Total non-personnel expenditures	\$	\$

#### **Expenditures on Services**

**17.** Please list your spending during the most recently completed fiscal year on the following categories of services. Spending can include fundraising expenses. If some of your spending does not fall into any of the categories provided, please identify the type of spending and its amount under "other."

ejpe or sperianing a	Spent	\$ Amount Spent
		Out-of-State
A. Transportation travel (air, rail, ca		
,,		
	\$	\$
B. Other travel education (lodging, meals, of		
	\$	\$
C. Contracted co and maintenance general construct services (carpenti	and repair. ion and con	Include tractor
	\$	\$
D. Contracted pr than insurance)— services, architect advertising, publi	-legal and actural and eng	ccounting gineering,
	\$	\$
E. Other contract cleaning and secu photographic ser personnel agencie	ırity, comme vices, collect	ercial art, ion agencies,
T.D 1		
F. Printing and reproduction	\$	\$
G. Equipment rental and leasing	\$	\$
H. Automotive rental (for local uand leasing	se) \$	\$
I. Other (please s	specify)	
	\$	\$
J. Total purchases	S	

of services

<b>18.</b> Considering all expenditures of all types during your most recently completed fiscal year (in questions 10-17 above), what is the grand total?  S	Presenting Performances of Other Arts Organizations  21. Does your organization present the productions or performances of other arts organizations or groups? Please indicate	
<b>19.</b> What is the total cost of construction and renovation projects that have been	yes or no below. Note that this question does not refer to artists your organization	
initiated by your organization during the	hires for its own productions (that subject	
last five years? Please include all that have	was addressed in Question 10).	
been started and completed as well as	Q.V.	
those in progress currently.	O Yes O No	
\$ Amount Spent	O 140	
In California	<b>22.</b> If your answer to question 21 was yes,	
	please list the number of California arts	
A. New construction \$	organizations or groups whose productions	
B. Renovation, repair,	or performances your organization	
alteration, or remodeling \$	presented in the most recently completed	
<b>20.</b> What was the source of the	fiscal year (should be same dates as in Question 3 above).	
expenditure information you provided in	Question 3 above).	
Questions 9 through 18?	O 0	
	O 11-15	
O Audited financial report for	O 1-2	
organization's most recently completed fiscal year	O 16-20	
iiscai yeai	○ 3-5 ○ 21-30	
O Internal, un-audited financial report for	O 6-10	
organization's most recently completed fiscal year	O More than 30	
O Other (please specify)		
Thank you very much for your participation. Please list the following information in case f	urther information is required.	
Organization Name:		
Organization Address:		
N. C. C. C.		
Name of Contact Person:		
Telephone Number of Contact Person:		